

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	11-17-01		10-17-01
O.I.P.E. CLASSIFIER	TMJ	70	10-22-01
FORMALITY REVIEW	LG	640	11-14-01
RESPONSE FORMALITY REVIEW	H-S	866	03-20-02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 0 Objected

Claim	Final	Original	Date
1	✓	✓	8/22/01
2	✓	✓	8/22/01
3	✓	✓	8/22/01
4	✓	✓	8/22/01
5	✓	✓	8/22/01
6	✓	✓	8/22/01
7	✓	✓	8/22/01
8	✓	✓	8/22/01
9	✓	✓	8/22/01
10	✓	✓	8/22/01
11	✓	✓	8/22/01
12	✓	✓	8/22/01
13	✓	✓	8/22/01
14	✓	✓	8/22/01
15	✓	✓	8/22/01
16	✓		
17	✓		
18	✓	✓	8/22/01
19	✓	✓	8/22/01
20	✓	✓	8/22/01
21	✓	✓	8/22/01
22	✓	✓	8/22/01
23	✓	✓	8/22/01
24	✓	✓	8/22/01
25	✓	✓	8/22/01
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49	✓		
50	✓		

Claim	Final	Original	Date
51	✓	✓	8/22/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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BEST AVAILABLE COPIE

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11/20/02